## **EXHIBIT C**

## **CERTIFICATE OF AUTHORITY**

(Attached)

	m BCA-13.15 v. Jan. 1995)	APPLICATION FO OF AUTHO TRANSACT BUSIN	ORITY TO	SUBMIT IN DUPLICATE!				
George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834		This space for use b	y Secretary of State	This space for use by Secretary of State Date License Fee \$				
ce IIIi C.	ryment must be made by rtified check, cashier's check, nois attorney's check, Illinois P.A.'s check or money order, yable to "Secretary of State."			Franchise Tax \$ Filing Fee \$ Penalties \$ Approved:				
1.	(a) CORPORATE NAME:	oBeam Services, Inc.						
	(Complete item 1 (b) only if the corporate name is not available in this state.)							
		E NAME:		its corporate name in the				
2.	(a) State or Country of Incorporation: California  (b) Date of Incorporation: 5/10/00  (c) Period of Duration: Perpetual							
3.	(a) Address of the principal office, wherever located:  (b) Address of principal office in Illinois:  (If none, so state)							
	San Ramon C.	A 94583						
4.	Name and address of the regi	stered agent and registere TCS Corporate Services First Name		Last Name				
	D 11 100	1 Wast Old State Capital		Suite 805				
	Registered Office _	Number	Street	Suite #				
		Springfield	62701	Springfield				
	-	City	Zip Code	County				
	States and countries in which California			ude state of incorporation)				
6.	Names and residential addresses of officers and directors:							
	Name	No. & 5		City State Zip				
	President Robert S. Stevens			ite 150, San Ramon, CA 94583 ite 150, San Ramon, CA 94583				
	Secretary Nancy McMahon Director Robert S. Stevens			ite 150, San Ramon, CA 94583				
	Director Jeff Stern			ite 150, San Ramon, CA 94583				
	Director							

7. Purpose or purposes proposed to be pursued in transacting business in this state: (If not sufficient space to cover this point, add one or more sheets of this size.)

## **Provide Telecommunications Services**

	nd issued shares:	D>( )	Number of Shar				
Class Common	Series	Par Value .001	Authorized 1,000	!ssued 1,000			
JOHUHOH		.001	1,000	1,000			
<u> </u>							
9. Paid-in Ca		- town Clated Conital S	P. Daid in Cumbra and i	is equal to the total of these accounts.)			
( Paid-in C	Japitai replaces tri	e terms Stated Capital o	x Paid-iri Surpius and i	is equal to the total of these accounts.)			
10. (a) Give	an estimate of th						
	oration for the follo	wing year:		\$ 7,500,000.00			
(b) Give	an estimate of th	e total value of all the	property* of the	\$			
•		wing year that will be lo		\$			
		otal business of the co here for the following ye		\$ 9,000,000.00			
	•						
(d) Stat trans	e the estimated ar sacted by it at or f	inual business of the co rom places of business	in the State of	000,000,00			
Illino		•		\$_900,000.00			
11. Interrogat	ories: (Important –	tnis section must be co	mpleted.)				
_	2001 Crow Canyon Road, Suite 150, San Ramon						
, ,	Office or offices to which all contracts with the corporation are forwarded for final acceptance: California, 9-Number of shares of all classes owned by residents of Illinois:						
(c) Nun	Number of shares of all classes owned by non-residents of Illinois: 1,000						
• /	· · · · · · · · · · · · · · · · · · ·						
(e) If the	) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:						
12. This appli	cation is accompan	ied by a certified copy of	the articles of incorpora	ation, as amended, duly authenticated, within			
the	ast ninety (90) day	s, by the proper officer of	of the state or country	wherein the corporation is incorporated.			
13. The unde	The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms,						
under pe	nder penalties of perjury, that the facts stated herein are true. (All signatures must be in <b>BLACK INK</b> .)						
Dated ?/	ated November 9 , 19 2000 GoBeam Services, Inc.						
Baioa _	Lovenner	, , , , , , , , , , , , , , , , , , , ,		Exact Name of Corporation)			
	70	× 2000 7000 1	- 1/1 A-1				
attested	(Signature of Se	K. M-Maha cretary or Assistant Sec	by <u>FCU/ D</u> eretary) (Signatu	ure of President or Vice President)			
	Nancy McMah		Robert S. Sto				
		Print Name and Title)		ype or Print Name and Title)			
		·	· •	poration, real, personal, tangible, intangible.			

- PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible
  or mixed without qualifications.
- \*\* When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).